

220856

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

COPY

Posted: lod

Dept: S.A

Date: 12/18/09

Time: 11:00

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2009 - 510 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: HARVEY WILLIAMS

Telephone: 843-509-2396

Address: 999 TIMBERLINE WAY

Fax: \_\_\_\_\_

P.O. BOX 21

Other: \_\_\_\_\_

PINEVILLE, S.C. 29468

Email: H.WILLIAMS2@KNOLOCY.NET

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

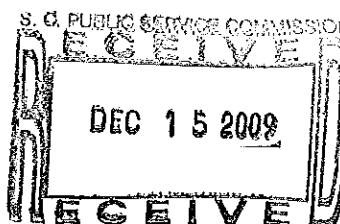
☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12/9/09

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

HARVEY Williams dba  
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
HARVEY Williams LIMO TAXI and LIMO Service  
999 Timberline Way Pineville, SC 29468  
Street Address of Applicant  
P.O. Box 21 Pineville, SC 29468  
Mailing Address of Applicant if different from street address  
843-505-2396 Phone Fax  
H.Williams1@KX0106Y.Net Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 12/9/ Year 09

### Assets:

Cash	\$ 1,414 <sup>00</sup>
Receivables	835 <sup>00</sup>
Real Estate	60,400 <sup>00</sup>
Buildings and Equipment (Net)	
Motor Vehicles (Net)	3,900 <sup>00</sup>
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	450 <sup>00</sup>
<b>Total Assets</b>	\$ 66,999 <sup>00</sup>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	192 <sup>00</sup>
Notes Payable	513 <sup>00</sup>
Mortgages Payable	451 <sup>00</sup>
Equipment Obligations	\$ 400 <sup>00</sup>
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	1,556 <sup>00</sup>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	\$ 1,556 <sup>00</sup>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

- ① \$45.00 per hr
- ② 2.00 per mile over 25 Miles

Counties to be Served:

CHARLESTON  
DORCHESTER  
BERKELEY

Maximum Number of Passengers per Vehicle:

⑦

## DESCRIPTION OF EQUIPMENT

[illegible]

MS T. PESTOR - HARVEY WILLIAMS

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Harvey Williams dba Williams Taxi Limo  
Name of Motor Carrier  
999 Timberline Way Pineville, SC 29418  
Address of Motor Carrier

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 2900.00

Limits 75,000 csl

The above quoted premium is for a term of 12 months.

## Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Southern United  
Name of Insurance Company  
1245 Celebration Blvd Florence, SC 29501  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to Insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-11-09  
Date

Julius Pestor  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Triplicate)

SC

Filed with OFFICE OF REGULATORY STAFF (Name of Commission) (hereinafter called Commission) **SEP 21 2009**

This is to certify, that the SOUTHERN UNITED FIRE INSURANCE COMPANY  
(Name of Company)

ONE SOUTHERN WAY, MOBILE AL 36619  
(Home Office Address of Company)

(hereinafter called Company) of HARVEY WILLIAMS DBA HARVEY WILLIAMS, TAXI AND LIMO SERVICE  
(Name of Motor Carrier)

has issued to P.O. BOX 21, PINEVILLE, SC 29468  
(Address of Motor Carrier)

a policy or policies of insurance effective from 9/19/09 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobiles bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 158 N. HARBOR CITY BLVD. MELBOURNE, FL  
(Street Address) (City)

32935

this 21st day of SEPTEMBER, 09  
(State) (Zip Code)

Insurance Company File No. SAT0000381  
(Policy Number)

*Robert P. Williams*  
(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

IRB 3539B

**Exhibit FWA**

HARVEY WILLIAMS

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No



### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

BERKLEY

Harvey L. Williams  
Applicant's Signature

I,

HARVEY L. WILLIAMS  
Name of Applicant's Representative

OWNER  
Title

of

HARVEY L. WILLIAMS

Applicant

OWNER

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Harvey L. Williams  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 14<sup>th</sup> day of DECEMBER, 2009

[Signature]  
Notary Public

Commission Expires DECEMBER 3, 2018

